

he resides and pay all dues to the secretary of his county society.

**Sec. 2. Active Members**—Active members shall be elected from those Doctors of Medicine licensed to practice medicine and surgery in the State of California who, in the judgment of the component county society of the county of residence thereof, are deemed of such ethical integrity as is required for such membership. (Except if he lives on or near a county line, a member may, with the previous written consent of the county of his residence, join the society of the county most convenient for him to attend, and such adjoining county shall be included in the term "county of residence" as herein used.)

**Sec. 3. Associate Members**—Associate members shall be elected from those Doctors of Medicine engaged in teaching or research work or holding position in federal service or otherwise who are not licensed to practice medicine and surgery in the State of California and hence are ineligible to active membership. These members shall have all the rights and privileges of active members, except the right to vote or hold office. Their dues to the State Association shall be one-half the dues of active members, and their dues to their county society shall be fixed by such county society.

**Sec. 4. Affiliate Members**—Affiliate members shall be elected from those Doctors of Medicine eligible for active membership, but who are, for any reason satisfactory to the county society and the Council of the State Association, entitled to special consideration. These members shall have all the rights and privileges of other members, except the right to vote or hold office. Their dues to the State Association shall be \$1 per year, and their dues to their county society shall be fixed by such county society.

**Sec. 5. Honorary Members**—Honorary members of the California Medical Association may be elected by the House of Delegates.

Amend the Constitution, Article VI, Section 4, to read as follows:

#### ARTICLE VI

##### Officers

Section 4. No delegate, during his term of service as delegate, shall be eligible to any office named in Section 1 except that of councilor, and no person shall be elected president, president-elect, vice-president, and councilor who has not been a member of the association for two years preceding his election. Every delegate and alternate to the House of Delegates of the California Medical Association must have been a member of the association for one year prior to his election.

Amend By-Laws, Chapter I, Section 1, to read as follows:

#### BY-LAWS

##### CHAPTER I

Section 1. All members of county societies—active, associate, and affiliate—shall, by virtue of such membership, hold corresponding membership in the California Medical Association upon certification by the secretary of the county society of such membership, and receipt by the secretary of this association of the assessment for the fiscal year.

Amend the By-Laws, Chapter I, by adding a new section to be numbered 5, reading as follows:

Section 5. A member who changes his residence from the county through whose society he holds membership in this association to another county in which there is a county society, is eligible to membership in the component county society of his new residence on the presentation of a transfer card, and an official statement that his dues have been paid in full in the society in which he holds membership; provided that no evidence which would otherwise disqualify him for membership arise. He shall forfeit his membership in this association one year after change of location unless he becomes a member of the society of the county to which he has moved. Any member who has heretofore changed his residence, as aforesaid, shall have one year after the date of the adoption thereof to comply with the provisions of this section.

Amend the By-Laws, Chapter VII, Sections 4 and 14, to read as follows:

**Section 4.** Each county society shall judge the qualifications of its members. However, as such societies are integral parts of this association and all the basis of membership in the American Medical Association, it is necessary that the qualifications meet the minimum requirements of the state and national organizations. These minimum requirements are, that to be eligible for election as an active or affiliate member, the applicant must hold the degree of Doctor of Medicine from an institution of learning accredited at the time of conferring such degree by the American Medical Association, and must be licensed to practice medicine and surgery in the State of California. Every associate member must hold the degree of Doctor of Medicine from an institution of learning accredited at the time of conferring such degree by the American Medical Association, and must not be licensed to practice medicine and surgery in California and hence be ineligible to active membership. A member must not practice or claim to practice or lend his support, co-operation, or in any other way endorse any exclusive system of medicine or any person practicing the same. He shall be honorable and ethical in his conduct and shall subscribe to the principles of medical ethics of the American Medical Association, and shall recognize the Council of this association as the proper authority to interpret any doubtful points in ethics. Every applicant for membership in a county society shall fill out and sign in duplicate the application blanks provided by the society which prescribe the necessary qualifications for membership. One copy of each such application shall be promptly forwarded to the office of this association.

**Section 14.** Any county society may, in its discretion, elect active, associate, and affiliate members under and pursuant to the provisions of Article III of this Constitution. Any county society may also elect honorary members of its own society, but such honorary members shall not thereby be honorary members of this association.

## Utah State Medical Association

T. C. GIBSON, M. D., Salt Lake City.....President  
W. R. CALDERWOOD, M. D.....President-Elect  
FRANK B. STEELE, M. D., Salt Lake.....Secretary

*Editorials by J. U. GIESY, Associate Editor for Utah*

### CANCER OR CANNED—SIR?

Parallel investigations of the cause of cancer go forward more or less like Tennyson's brook (forever), yet one hopes that out of the ceaseless endeavor may come yet light on the rather appalling increase of cancer incidence. The English school with its ultra-microscope today seem the main supporters of the micro-organic, the germ, cause of the disease. Comes now a second line of investigation recently published of research along the line of a possible metabolic agency as the causative factor in the origin of this human curse.

For neither side do we hold any brief. Yet the thought that a disturbance of body metabolism may be either the actual cause or a predisposing cause holds a considerable interest. Certain it is that cancer, histologically speaking, gives every evidence of a perverted or disturbed cell metabolism. Years ago Mayo had some thoughts along this line, and now apparently the thing bobs up again, even if in a somewhat different form. Whatever else it is, cancer would seem to be a protoplasmic disease. By this we mean a disease depending upon a perverted or undefined cell development. What is it that actually dif-

ferentiates the definition of the embryonic cell into the typical cell of various tissue types? The answer to such a question lies back of a veil as yet. But it is known that cancer is practically a development of embryonic cells along certain lines without any normal regulation. It is a sort of cellular riot, a cell mob effect. And the basis of all cell development is the protoplasm in the light of modern day knowledge—protoplasm under the governing influence of some differentiating agency, unknown as yet.

Co-equally the source of protoplasm in the organism must be and is—food. Food elaborated in the body laboratory means growth and life. It is, therefore, interesting to note the lesser incidence of cancer among aboriginal races. And it does excite a consideration of the question of foods. The aborigine eats food in a more natural state than man of the civilized races. The question arises, does the uncivilized man, unaware of the modern theories of sterilization and food preservation, eat food in a condition more capable of furnishing to his body the necessary elements for normal nutrition, simply because he eats food containing a protoplasm in a more vitally active state?

And why not? Why should a foodstuff fresh, vital, not contain a protoplasm far more capable of supporting the body's processes, both of nutrition and defense, than a food which has been baked, boiled, steamed, pickled, preserved or pasteurized? If protoplasm is the basis of cell and, hence, bodily life, why should not a live protoplasm be more efficient than one which is half-dead? After all, life is life. And if we kill it out of our food, how can we get it into ourselves? And so we wonder if, after all, we may be largely eating a sort of foodless food today, when so much of our food is "canned" that a home-cooked dinner can hardly be prepared without a battery of can-openers with which to get it out of the little tin coffins in which it has been "scientifically" mummified? We don't really know, but we are tempted to ask the question, Is it possible that civilized man, in his modern efforts to support himself in sanitary safety, is overshooting the mark? Is it possible that, in the midst of plenty, he is actually, in a measure, starving his body cells? Is it possible that it is as much "canned-sir" as cancer in very truth? We don't know, but we think that it's a thing worth thinking about.

### CHOP SUEY HEALTH

Chop-suey, literally or somewhat vulgarly translated, means "table-scraps." Actually, it is a conglomerate mass of food of various sorts. And the health of the modern world is a good deal like that. If we're well, we're well, and if we're not, we're not. Like the Irishman, we dwell under the roof of health during pleasant weather, and when it rains we get wet. But we wouldn't get wet if, once in a while, the roof were inspected and repaired—or at least we wouldn't get so dreadfully wet, perhaps. Entering a new year and in view of the Conference of the Examination of the Apparently Well, recently held in Chicago, one wonders why mankind of this western world doesn't tire of being satisfied with "chop-suey health." He insures and paints his house. He insures his life, and then neglects the very

thing on which it depends—his body—until its roof, which is its health, begins to leak. This is poor conservatism beyond a doubt. He has his automobile inspected and overhauled about every so often. But he fails to have his own life engine given the same attention that he accords to the "old boat." There is a wonderful lot to be said in favor of the effort being put forth to change all this—to induce people to apply common-sense methods to themselves. As to whether the suggestion made at the conference that the average common, garden variety of doctor would be unable to functionate acceptably with his patients, may be justified or not, we don't want to debate. Personally we feel that the average doctor is a pretty good scout. We feel that he would catch a lot of knocks in the human engine submitted to his inspection, which would, if neglected, result in serious trouble unless checked. But the main thing is twofold, to try—each and every one of us in the coming year—to spread the propaganda for a physical examination of the apparently well about every so often, and to educate our patients at the same time in the fact that we are not advocating such a program for self-advantage, to make merely commercial dollars, to point out to them that "prevention" is better than cure, and that by following out such a program they will in the end be saving, not only dollars, but years of useful and reasonably enjoyable life. And so we want to suggest that, to do this very thing, shall be one of the *New Year resolutions* we shall make, and one which, unlike so many New Year resolutions, we shall not break. Chop-suey may be a very excellent food, but scrappy health is a—curse.

### 1824-1925

Born—December 2, 1824—to John and Alice Coe Hullinger, a son. Such might have been the heading in a paper of that date, to herald the advent into life, a hundred and one years ago, of the oldest practicing physician in the United States. They named the boy Harvey Coe Hullinger, and in 1852 he graduated in medicine from a school in Columbus, Ohio, capital of his native state.

In 1859 he and his young wife came to Utah as members of one of the bands of pioneers, crossing the plains and mountains in ox-team wagons to join the Mormons under Brigham Young in the days of the early settlement of this state. Dr. Hullinger has practiced his profession in Utah ever since. But he has done many other things as well, because in the early days the revenue from medical practice was not great. During his first ten years he tells that he received but \$40 in cash, although he received other payments in wheat and other farm products. Similarly, he says that during two years in the southwestern part of the state he took in only 75 cents in cash, and that was from an Indian to whom he sold a pocket-knife. Wherefore, the doctor taught school, cut and sold firewood to help out, receiving a fee of a bushel and a half of wheat for every pupil in his school. Also he journeyed to the shores of the Great Salt Lake and gathered salt and sold it for 5 cents a pound to his neighbors. One had to live.

In 1862 he enlisted and was commissioned a lieutenant, Medical Corps, in the cavalry troop of Lot

Smith. He served until discharged; whereupon, he came back to Utah and his family and continued his practice, opening for a time a hotel in a mining camp.

In 1883 he removed to near Vernal, Utah. Shortly afterward he was officially made a medicine man of the Ute tribe of Indians as a tribute of "Wash," a Ute chief, for saving his life from pneumonia, with which the chieftain was lying at the point of death. Dr. Hullinger is well qualified for the post, as he speaks the Indian tongue as fluently as his own, and has frequently acted as peacemaker in the past, more particularly just after the Meeker massacre in 1879.

Dr. Hullinger is a patriarch indeed, and in view of the fact that he celebrated his hundred and first birthday December 2, 1925, and is still hale and hearty, and still practices his profession among his friends, we cannot resist this opportunity to extend our congratulations and good wishes at this time. The first hundred years are said to be the hardest. Dr. Hullinger should be an authority on this point.

**Utah Notes**—F. Steele, secretary of the Utah Association, has returned from Chicago, where he attended the meeting of the secretaries of the A. M. A., and also the conference for the examination of the apparently well. Dr. Steele had a very pleasant trip, and is quite enthusiastic over the purposes of the latter meeting, insofar as the intent of the movement and its possible influence for a wider scope of preventive rather than curative medicine is concerned.

Ground has been broken for the new Medical Arts building in Salt Lake, and the work of excavating is going on apace. This building, which will be of absolutely modern construction, designed to fill the needs of medical men and dentists in every particular, will fill a long-felt want among the professional men of Salt Lake, and perhaps change, in a measure, the point of view of the average office building management, which heretofore for some time has been that the professional man was a nuisance rather than a desirable tenant. After the building is up there will be about 120 such tenants who will occupy its space.

**Utah First "Over Top" in Medical Reserve Quota**—Utah is the first state in the Ninth Corps Area to "go over the top" in enrolling its quota of Medical Reserve officers, according to a report received Monday from the Ninth Corps Area headquarters at San Francisco by Major S. C. Gurney, chief medical officer of the 104th Division.

Not only has the medical profession contributed more than the number of medical officers called for, but the dental profession of the state has enrolled twice as many dental officers in the Reserve as would be a fair quota for the number of dentists licensed to practice in Utah.

There are four medical department units allocated to Utah, all of which are now in process of organization. One unit, general hospital, No. 61, Salt Lake City, has progressed to an extent warranting the preparation of its plans for mobilization in the early future, it is said.

The Holy Cross Clinical Association held its monthly meeting November 16. A very interesting case of esophageal obstruction was presented, with x-ray plates and the opportunity for fluoroscopic examination of the patient, by Helmina Jeidell. C. L. Shields reported a case of femoral thrombosis, and T. A. Flood exhibited a number of very interesting laboratory specimens.

Meetings of the Wasatch Academy, review group, are being held every Thursday evening as usual from October to April. Every meeting finds much of interest brought out. The presentation of papers and reviews and the exhibition of interesting cases make these weekly meetings a continual pleasure and source of mutual benefit. McHugh is in charge of the meetings and the program of the academy, as in the past.

The committee appointed to consider the program for "Military Night"—the night to be set aside for the purpose of furthering the interest in and recognition of the organized Medical Reserve, as suggested by the Surgeon-General's office through each Corp Area headquarters, met Sunday and arranged to recommend at the next meeting of the Salt Lake County Society that February 22, 1926, be designated as the night for this meeting. It was also decided to arrange a program along medico-military lines. Utah has furnished a large quota of the Medical Reserve in the Ninth Corp Area. Four medical units are allocated to Salt Lake. It is of interest to know also that the Dental Reserve for Utah is way over the top.

**Salt Lake County Medical Society** (reported by M. M. Critchlow, secretary)—A regular meeting of the Salt Lake County Medical Society was held at the Commercial Club November 23, 1925. Meeting called to order at 8 p. m. by President John Z. Brown. Forty-one members and nine visitors were present.

George W. Middleton presented a woman operated on in 1916 for acute suppurative cholecystitis. In 1917 a rubber tube was put in to replace part of the common duct. The tube still remains in place. A gastro-enterostomy was performed this month.

W. R. Tyndale presented a case of pituitary tumor with acromegaly.

Miss A. A. Buffington, secretary of the Family Service Society, Salt Lake City, talked on social service and health. She mentioned the fact that 50 per cent of her cases originated because of ill-health, and illustrated this fact with two case histories. She outlined the management of a case and told what the society does to help, and make her clients help themselves. She deplored the fact that our state has no tuberculosis hospital, no place for the feeble-minded or epileptics, and also the lack of social service facilities in the hospitals. Her talk was discussed by F. H. Raley, E. D. LeCompte, W. R. Tyndale, F. L. Stauffer, L. N. Ossman, S. C. Baldwin, John Z. Brown, and George F. Roberts.

Ray T. Woolsey read a paper on "Puerperal Infection." He cited the morality in various states and countries, and factors favoring infection were fully discussed. He outlined the management and especially the prophylactic treatment. His paper was discussed by S. H. Besley.

F. L. Stauffer reported for the building committee, and outlined the plan for financing.

President Brown announced that Dr. Bigelow of Pan-gitch desired someone to take his practice for several months. He also announced that the annual election of officers would be held at the next meeting.

W. R. Tyndale moved that the society grant Miss Charlotte Stewart and the physical directors of the city schools the privilege of using the Salt Lake County Medical Society Library. Seconded and carried.

## Nevada State Medical Association

A. J. HOOD, M. D., Elko.....President  
HORACE J. BROWN, M. D., Reno.....  
.....Secretary and Associate Editor for Nevada

**Washoe County Medical Society** (reported by Henry Albert, secretary)—The society met December 8, 1925, in regular session in a room in the Y. M. C. A. building, President Vinton A. Muller presiding.

The treasurer presented the annual report, giving receipts and expenditures for the year. The balance on hand is \$43.55. By vote, the report was approved and ordered placed on file.

The following officers were elected for the year 1926: President, Henry Albert; Vice-President, C. W. West; Secretary-Treasurer, J. A. Fuller. Censor for three years, R. H. Richardson. The other two censors are C. E. Pier-sall for one year, C. W. West for two years.

Program—L. A. Emge of San Francisco presented a paper on "Venous Disturbances of the Female Pelvis." It was illustrated with lantern slides. Dr. Emge called